

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35619**

FILED NOV 4 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 5587 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <b>Howell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b>	
b. CITY (If outside corporate limits, RURAL and give township) TOWN <b>Peace Valley</b>		c. CITY OR TOWN <b>Peace Valley</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>5 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>0460</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>residence</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ELIJAH</b> b. (Middle) <b>BROWNLOW</b> c. (Last) <b>THOMPSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 27, 1957</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Feb. 13, 1864</b>		9. AGE (In years last birthday) <b>93</b> IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer &amp; Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Georgia</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>John Thompson</b>		13b. MOTHER'S MAIDEN NAME <b>Rachel Cearley</b>		14. NAME OF HUSBAND OR WIFE <b>America J. Thompson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Charley Thompson, Twin Bridges, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gunshot wound in left breast</b>		<b>none</b>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>20 ga. shotgun discharge</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>976X</b>	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>residence</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Peace Valley, Howell, Missouri</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **5:15 pm.**, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <b>Henry Oliver</b> <b>DEPUTY SHERIFF</b> <b>ACTING AS CORONER</b>	23b. ADDRESS <b>West Plains, Mo.</b>	23c. DATE SIGNED <b>10/30/57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Oct. 30, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Mound Cem.</b>
24d. LOCATION (City, town, or county) (State) <b>Douglas County, Missouri</b>		

DATE REC'D BY LOCAL REG. <b>11-2-57</b>	REGISTRAR'S SIGNATURE <b>Laura Mitchell</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Hal Thomburgh</b>	ADDRESS <b>THORNBURGH FUNERAL HOME WEST PLAINS, MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1266

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Hal Thompson*.....

Licensed Embalmer No. *3408*

P. O. Address *W. Plains*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.